


**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	Mark Twain Rural Telephone Company				
Signature of Authorized Officer			Date 6/10/2021		
Printed name of Authorized Officer	Jim Lyon				
Title or position of Authorized Officer	CEO & General Manager				
Telephone number of Authorized Officer.	660-423-5211				
Study Area Code of Reporting Carrier	421914		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Mark Twain Rural Telephone Company		
Signature of Authorized Officer		Date	6/10/2021
Printed name of Authorized Officer	Jim Lyon		
Title or position of Authorized Officer	CEO & General Manager		
Telephone number or Authorized Officer.	660-423-5211		
Study Area Code of Reporting Carrier	421914	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Mark Twain Rural Telephone Company	
Signature of Authorized Officer		Date 6/10/2021	
Printed name of Authorized Officer		Jim Lyon	
Title or position of Authorized Officer		CEO & General Manager	
Telephone number or Authorized Officer.		660-423-5211	
Study Area Code of Reporting Carrier	421914	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Mark Twain Rural Telephone Company	
Signature of Authorized Officer		Date 6/10/2021	
Printed name of Authorized Officer		Jim Lyon	
Title or position of Authorized Officer		CEO & General Manager	
Telephone number or Authorized Officer.		660-423-5211	
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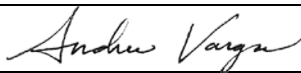
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer



Date 6/8/2021

Printed name of Authorized Officer Andrew Vargas

Title or position of Authorized Officer CEO/General Manager

Telephone number of Authorized Officer. (806) 668-4420

Study Area Code of Reporting Carrier

442112

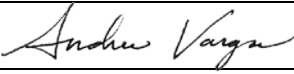
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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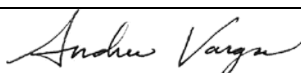
Name of Reporting Carrier	Mid-Plains Rural Tel. Coop., Inc.			
Signature of Authorized Officer			Date	6/8/2021
Printed name of Authorized Officer	Andrew Vargas			
Title or position of Authorized Officer	CEO/General Manager			
Telephone number or Authorized Officer.	(806) 668-4420			
Study Area Code of Reporting Carrier	442112		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer



Date 6/8/2021

Printed name of Authorized Officer

Andrew Vargas

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized Officer.

(806) 668-4420

Study Area Code of Reporting Carrier

442112

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Mid-Plains Rural Tel. Coop., Inc.
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Signature of Authorized Officer		Date 6/8/2021
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Printed name of Authorized Officer	Andrew Vargas
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Title or position of Authorized Officer	CEO/General Manager
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Telephone number or Authorized Officer.	(806) 668-4420
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Study Area Code of Reporting Carrier	442112		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	Millington Telephone Company, Inc.
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Signature of Authorized Officer		Date
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		6/7/2021
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Printed name of Authorized Officer	Robert Mouser
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Title or position of Authorized Officer	Vice President
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Telephone number of Authorized Officer.	(870) 429-1116 ext. _ _ _ _
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Study Area Code of Reporting Carrier	290571		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/7/2021

Printed name of Authorized Officer

Robert Mouser

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

(870) 429-1116 ext. _ _ _ _

Study Area Code of Reporting Carrier

290571

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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Name of Reporting Carrier **Millington Telephone Company, Inc.**

Signature of Authorized Officer

Robert Mouser

Date

6/7/2021

Printed name of Authorized Officer

Robert Mouser

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

(870) 429-1116 ext. _ _ _ _

Study Area Code of Reporting Carrier

290571

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier **Millington Telephone Company, Inc.**

Signature of Authorized Officer

Robert Mouser

Date

6/7/2021

Printed name of Authorized Officer

Robert Mouser

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

(870) 429-1116 ext. _ _ _ _

Study Area Code of Reporting Carrier

290571

Filing Due Date for this form
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date
5/24/2021

Printed name of Authorized Officer John Van Ooyen

Title or position of Authorized Officer CEO/GM

Telephone number or Authorized Officer. (608) 437-5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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Name of Reporting Carrier **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

5/24/2021

Printed name of Authorized Officer

John Van Ooyen

Title or position of Authorized Officer CEO/GM

Telephone number of Authorized Officer.

(608) 437-5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

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Name of Reporting Carrier **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date
5/24/2021

Printed name of Authorized Officer

John Van Ooyen

Title or position of Authorized Officer CEO/GM

Telephone number of Authorized
Officer.

(608) 437-5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

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Filing Due Date for this form
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06/16/2021

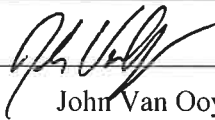
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

5/24/2021

Printed name of Authorized Officer

John Van Ooyen

Title or position of Authorized Officer

CEO/GM

Telephone number of Authorized Officer.

(608) 437-5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

Filing Due Date for this form
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	Matanuska Telephone Association, Inc.
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Signature of Authorized Officer	<i>Ryan Ponder</i>	Date 5/28/21
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Printed name of Authorized Officer	Ryan Ponder
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Title or position of Authorized Officer	Director, Legal, Regulatory and Government Affairs
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Telephone number or Authorized Officer.	(907) 761-2413 ext. _ _ _ _
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Study Area Code of Reporting Carrier	613015		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Matanuska Telephone Association, Inc.		
Signature of Authorized Officer	<i>Ryan Ponder</i>	Date	5/28/21
Printed name of Authorized Officer	Ryan Ponder		
Title or position of Authorized Officer	Director, Legal, Regulatory and Government Affairs		
Telephone number or Authorized Officer.	(907) 761-2413 ext. _ _ _ _		
Study Area Code of Reporting Carrier	613015	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier **Matanuska Telephone Association, Inc.**

Signature of Authorized Officer

Ryan Ponder

Date

5/28/21

Printed name of Authorized Officer

Ryan Ponder

Title or position of Authorized Officer

Director, Legal, Regulatory and Government Affairs

Telephone number or Authorized
Officer.

(907) 761-2413 ext. _ _ _ _

Study Area Code of Reporting Carrier

613015

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier	Matanuska Telephone Association, Inc.
---------------------------	--

Signature of Authorized Officer	<i>Ryan Ponder</i>	Date	5/28/21
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Printed name of Authorized Officer	Ryan Ponder
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Title or position of Authorized Officer	Director, Legal, Regulatory and Government Affairs
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Telephone number or Authorized Officer.	(907) 761-2413 ext. _ _ _ _
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Study Area Code of Reporting Carrier	613015	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	Mutual Telephone Company
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Signature of Authorized Officer		Date	5/24/21
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	COO
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Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351252		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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Name of Reporting Carrier **Mutual Telephone Company**

Signature of Authorized Officer



Date

5/24/21

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number of Authorized Officer.

(712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351252

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

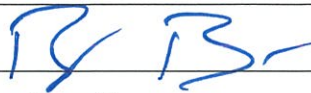
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Name of Reporting Carrier **Mutual Telephone Company**

Signature of Authorized Officer



Date

5/24/21

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer COO

Telephone number of Authorized Officer.

(712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351252


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Name of Reporting Carrier	Mutual Telephone Company		
Signature of Authorized Officer		Date	5/24/21
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351252	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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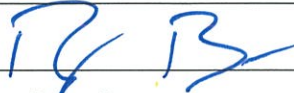
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Northern Iowa Telephone Company**

Signature of Authorized Officer



Date

5/24/21

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer COO

Telephone number or Authorized Officer. (712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351259


Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Northern Iowa Telephone Company		
Signature of Authorized Officer		Date	5/24/21
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351259	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Northern Iowa Telephone Company**

Signature of Authorized Officer



Date

5/24/21

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number or Authorized
Officer.

(712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351259


Filing Due Date for this form
(mm/dd/yyyy)

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Northern Iowa Telephone Company		
Signature of Authorized Officer		Date	5/24/21
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351259	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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